

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: *(check one applicable item below)*

- | | | |
|--|---------------------------------------|---|
| <input checked="" type="checkbox"/> original | <input type="checkbox"/> design | <input type="checkbox"/> supplemental |
| <input type="checkbox"/> divisional | <input type="checkbox"/> continuation | <input type="checkbox"/> continuation-in-part (CIP) |

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title Of Invention: NOVEL OIL-IN-WATER EMULSIFIERS

SPECIFICATION IDENTIFICATION

the specification of which: *(complete (a), or (b))*

(a) ☒ is attached hereto and/or is identified herein by name of inventor(s), attorney docket number and title.

(b) ☐ was filed on _____ as ☐ as Serial No. _____ or Express Mail No. _____ and was amended on _____ *(if applicable)*.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number.)*

Teresan W. Gilbert, 31,360
Michael F. Esposito, 29,506
Samuel B. Laferty, 31,537

Jeffrey F. Munson, 45,705
David M. Shold, 31,664

SEND CORRESPONDENCE TO
 THE LUBRIZOL CORPORATION
 Patent Administrator - Mail Drop 022B
 29400 Lakeland Boulevard
 Wickliffe, Ohio 44092-2298

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)
 Teresan W. Gilbert
 (440) 347-5072
 E-mail: tgi@lubrizol.com

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor John J. Mullay

John J. Mullay
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature 

Date 10/20/03 Country of Citizenship United States of America

Residence 9251 Lori Jean Drive, Mentor, Ohio 44060

Post Office Address Mentor, Ohio 44060

Full name of second joint inventor, if any Jeffrey M. Carey

Jeffrey M. Carey
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature 

Date 10/17/03 Country of Citizenship United States of America

Residence 6464 Dawson Blvd., Mentor, Ohio 44060

Post Office Address Mentor, Ohio 44060

☐ This declaration ends with this page

3221

Full name of third joint inventor, if any James H. Bush

James H. Bush
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature James H. Bush

Date 10/16/03 Country of Citizenship United States of America

Residence 5996 South Shandle Blvd., Mentor, Ohio 4460

Post Office Address Mentor, Ohio 44060

Full name of fourth joint inventor, if any Stuart L. Bartley

Stuart L. Bartley
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature Stuart L. Bartley

Date 10/16/03 Country of Citizenship United States of America

Residence 29954 Warren Road, Wickliffe, Ohio 44092

Post Office Address Wickliffe, Ohio 44092

Full name of fifth joint inventor, if any _____

(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

CHECK PROPER BOXES FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item

☒ This declaration ends with this page